



proven benefit solutions

P.O. Box 1878 Tallahassee, FL 32303-1878

Tax Sheltered Annuity (TSA) Administrative Services

CASH MATCH AGREEMENT

Commonwealth of Virginia Department of Accounts

Please use this form to direct your Virginia Cash Match employer contribution to the participating provider company of your choice. Upon completion, return this form to your Payroll Administrator.

Date: _____

☐ New Enrollment Cash Match

Provider Company: _____

Effective with Check Date: _____

--- or ---

☐ Change of Provider

If changing Provider Company, indicate former Provider Company: _____

Participant Information

Agency: _____ Agency Name: _____

First Name	MI	Last Name	
Social Security Number		Home Phone #	Work Phone #
Home Address		Date Birth	Date of Hire
City		State	Zip

Participant Signature: _____ Date: _____

Employer Representative: _____ Title: _____

Date: _____

FBMC Representative: _____ Title: _____

Date: _____

DOA 1/00 Date/Time _____